

**AGENCY OF EDUCATION**

219 North Main Street, Suite 402

Barre, VT 05641 (p) 802-479-1192 | (f) 802-479-1822

Child Care Center: \_\_\_\_\_

CACFP Form #160A

### 0-5 Months Infant Daily Meal Record

Date: \_\_\_\_\_

Date	Infant Names	Breakfast	AM Snack	Lunch	PM Snack
Date	List first and last name	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula